VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

January 13, 2020

Ms. Theresa Southworth, Administrator
Gill Odd Fellows Home
8 Gill Terrace
Ludlow, VT 05149-1004

Dear Ms. Southworth:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 24, 2019**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M Cota RN

Pamela M. Cota, RN
Licensing Chief

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475052	A. BUILDING _____ B. WING _____	C 12/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GILL ODD FELLOWS HOME	8 GILL TERRACE LUDLOW, VT 05149

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An unannounced on site complaint investigation was conducted by the Division of Licensing and Protection, in conjunction with an entity reported incident. The facility was found to be in substantial compliance with the complaint investigation, however there was a finding with for the entity reported incident.	F 000		
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to maintain supervision for one resident in the sample, Resident #1, which resulted in a resident to resident incident. Findings include: Resident #1 has diagnosis that includes aggressive and violent behaviors and has been involved in other resident to resident altercations. On 10/16/19, Resident #1 was following Resident #2 and a member of the housekeeping staff observed Resident #1 push Resident #2 from behind. First by pushing on his/her hips and then using both hands to push on his/her back. In an interview with the witness on 12/24/19 at approximately 12:15 PM, s/he stated that there were no nursing staff members in the vicinity at	F 689	On 10/16/19, resident #1 pushed resident #2. This was witnessed by a housekeeper assigned to house keeping duties. Nursing staff did not witness incident as they were attending other residents. All other residents in the building are at risk of being effected by a similar situation. As of 12/24/19, increased staff presence to monitor resident #1 (and any other resident with similar behaviors) has been instituted. The resident's behaviors documented each shift and a note on the increased monitoring completed daily. Documentation will be monitored by the nurse managers. Review will be conducted quarterly at QA meetings and safety meetings on non-QA months for the next six months. F689 POC accepted 1/8/20 BB-RCLIRA/PMC	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Teresa Southwood · TITLE: Administrator · (X6) DATE: 1-8-20

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 689	Continued From page 1	F 689		

the time of the incident and they were all assisting other residents. S/he further stated that Resident #1 was following Resident #2 and when Resident #2 went to enter his/her room, Resident #1 pushed him/her forward on the hips and then again with both hands on the back. Resident #2 stated that s/he were okay, but did not want Resident #1 to come into their room.

Per interview with the Licensed Practical Nurse (LPN) unit manager at 12:17 PM, s/he stated that the hall monitor is to assist all residents and is not specifically assigned to Resident #1. The LPN also stated that Resident #1 is difficult to monitor because, s/he will sometimes strike out without provocation and by having a staff near him/her it prevents physical contact and injury to the other residents and agreed that if nursing staff had been with him/her that the incident probably could have been avoided.

Theresa Southworth Administrator 1/8/20